

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2025
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-NEUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 1303 HEALTH DRIVE NEW BERN, NC 28560		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The survey team entered the facility on 6/3/25 to complete an onsite revisit survey and exited on 6/4/25. Additional information was obtained on 6/6/25. Therefore, the exit date was changed to 6/6/25. Event ID# MPJE11. The following intakes were investigated NC00227171, NC00226353, NC00225008, NC00227969, NC00229401, and NC00227230. 1 of the 8 complaint allegations resulted in deficiency.	F 000			
F 573 SS=B	Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3) §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form;	F 573		6/7/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/09/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 573	<p>Continued From page 1</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff, and the Responsible Party (RP) interviews, the facility failed to provide copies of a resident's medical records to the resident's RP within 2 working days after a request for 1 of 1 resident reviewed for medical record access (Resident #6).</p> <p>Findings include:</p> <p>Resident #6 was admitted to the facility on 9/27/24.</p> <p>Review of Resident #6's admission record completed on 9/27/24 revealed a family member was listed as her RP and Power of Attorney.</p> <p>A review of nursing notes dated 10/5/24 revealed Resident #6 expired on this date.</p>	F 573	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The Medical Records Director was educated on 6/3/2025 on the Patient/Resident Access to Protected Health Information Policy and on Title 42 CFR Part 483.10- Resident Rights.</p> <p>Address how the facility will identify other residents having the potential to be affected by the deficient practice.</p> <p>No residents are affected.</p> <p>On 6/4/2025 the Administrator developed and implemented an audit tool to ensure compliance with the Patient/Resident Access to Protected Health Information</p>		

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F 573	<p>Continued From page 2</p> <p>A review of a letter dated 2/26/25 written by Resident #6's RP and sent to the facility revealed a request for Resident #6 medical records.</p> <p>In a telephone interview with the RP on 6/6/25 at 10:37 a.m. she revealed she began requesting Resident #6's medical records from the facility's Medical Records Director a couple of months before 2/26/25. She stated the Medical Records Director kept promising her that she would provide the records but did not. The RP stated she decided to engage legal help and signed a consent requesting for the records on 2/26/25.</p> <p>An interview was conducted with the Medical Records Director on 6/3/25 at 1:57 p.m. She stated she did receive a letter with signed consent from Resident #6's RP via fax requesting a copy of all medical records on 2/26/25. The Medical Records Director further stated that she mailed out the records on 5/23/25. She revealed it was her understanding that since Resident #6 was no longer at the facility she had 90 days within which to provide the records and stated there was no delay releasing the records.</p> <p>During a telephone interview with the prior Administrator on 6/3/25 at 1:48 p.m. he stated that he did not remember why there was a delay in releasing requested medical records for Resident #6. He stated it was the responsibility of the Medical Records Director to oversee any records request.</p> <p>An interview was conducted with the Senior Nurse Consultant on 6/4/25 at 8:10 a.m. who stated that it was a problem if a medical records request was not fulfilled in 2 working days after a request was received at the facility.</p>	F 573	<p>Policy.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 6/4/2025 the Administrator educated all department heads and receptionists on the Patient/Resident Access to Protected Health Information Policy and on Title 42 CFR Part 483.10- Resident Rights. This education will be added to the general orientation for newly hired administrative staff and will be completed by the Clinical Competency Coordinator.</p> <p>The Medical Records Director will maintain a log of active medical record requests for proper and timely processing and release of records. This log will be audited by the Administrator weekly for four weeks, then monthly thereafter.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Administrator or Medical Records Director will present the findings of the medical record request log audit to the Quality Assurance and Performance Improvement Committee monthly until three months of compliance is maintained, then quarterly thereafter.</p> <p>Administrator is responsible for POC.</p> <p>Date of Compliance: 6/7/2025</p>		

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F 573	Continued From page 3 In a telephone interview with the current Administrator on 6/4/25 at 9:15 a.m. she stated it was the responsibility of the Medical Records Director to process requests. She further stated that she was not aware there were delays with requested medical records for Resident #6.	F 573			